

Vendor Processing Overview

- Vendor Table Maintenance
 - Agency Responsibility
 - New vendors (including banking information)
 - New locations
 - New addresses
 - Central Responsibilities
 - Review and Approve Vendors
 - Correct History, and
 - Vendor Modifications



Vendor Processing Overview

- How to enter a withholding vendor
 - Menu Path
 - Vendors>Vendor Information>Add/Update>Vendor>Add a New Value

Vendor Processing Overview

1. Acquire a completed W-9 form from the vendor.
2. Part 1 should show what type of vendor they are and have the required tax number.
3. Part 2 deals with whether a vendor is a 1099 reportable vendor or not. If the box is **not checked**, you will need to set the vendor up as **withholding**.
4. Part 3 needs to be **completely** filled out.
5. This form can be found at <http://da.ks.gov/ar/forms/w9KSf.pdf>.

Form W-9	Request for Taxpayer Identification Number	Do not send to the IRS, send to the requester
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Part 1 Tax Status (Complete one row of boxes)

Individual:

Individual Name	Social Security Number
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A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the owner.

Sole Proprietor:

Business Owner's Name	Owner's SSN or Employer ID No.	Business or Trade Name
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Partnership:

Name of Partnership	Partnership's EIN	Partnership name on IRS records
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Corporation:

Name of Corporation or Entity	Employer Identification Number
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Part 2 Exemption: If exempt from Form 1099 reporting, check here: ☐ and mark your qualifying exemption reason below

1.	Corporation, (there is no exemption for medical or legal corporations)
2.	Tax Exempt Charity under 501(c)(3), or IRA (includes 501(c)(3)).
3.	The United States or any of its agencies or instrumentalities.
4.	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions.
5.	A foreign government or any of its political subdivisions.

Part 3 Signature: I am a U.S. person (including a U.S. resident alien)

Person completing this form: _____ Date: _____

Signature: _____ Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Please complete the above information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person, (including U.S. resident alien). If you are a foreign person, use Form W-8.

Vendor Processing Overview

-Identifying Information Set up

Add Vendor Short Name and Vendor Name 1 in **ALL CAPS**

Status should show **unapproved**

Withholding box should be **checked**

Identifying Information		Address	Contacts	Location	Custom
SetID:	SOKID	Check for Duplicate			
Vendor ID:	NEXT				
*Vendor Short Name:	KS SAMP				
*Vendor Name 1:	KANSAS SAMPLER FOUNDATION				
Vendor Name 2:					
*Status:	Unapproved	*Classification:	Supplier		
*Persistence:	Regular	HCM Class:	Attorney Employee HCM Medical Supplier		
<input type="checkbox"/> VAT Registration Registration VAT Default VAT S					
<input checked="" type="checkbox"/> Withholding					
<input checked="" type="checkbox"/> Open For Ordering					
Vendor Relationships					
<input type="checkbox"/> Corporate Vendor		<input type="checkbox"/> InterUnit Vendor			
Corporate SetID: SOKID		InterUnit Vendor ID:			
Corporate Vendor ID: NEXT					
Create Bill-To Customer					
<input type="checkbox"/> Create Bill To Customer					
▶ Additional ID Numbers ▶ Duplicate Invoice Settings ▶ Government Classifications ▶ Standard Industry Codes ▶ Additional Reporting Elements					

Choose classification; most SOK vendors are Suppliers

[Expand All](#)

[Collapse All](#)

Vendor Processing Overview

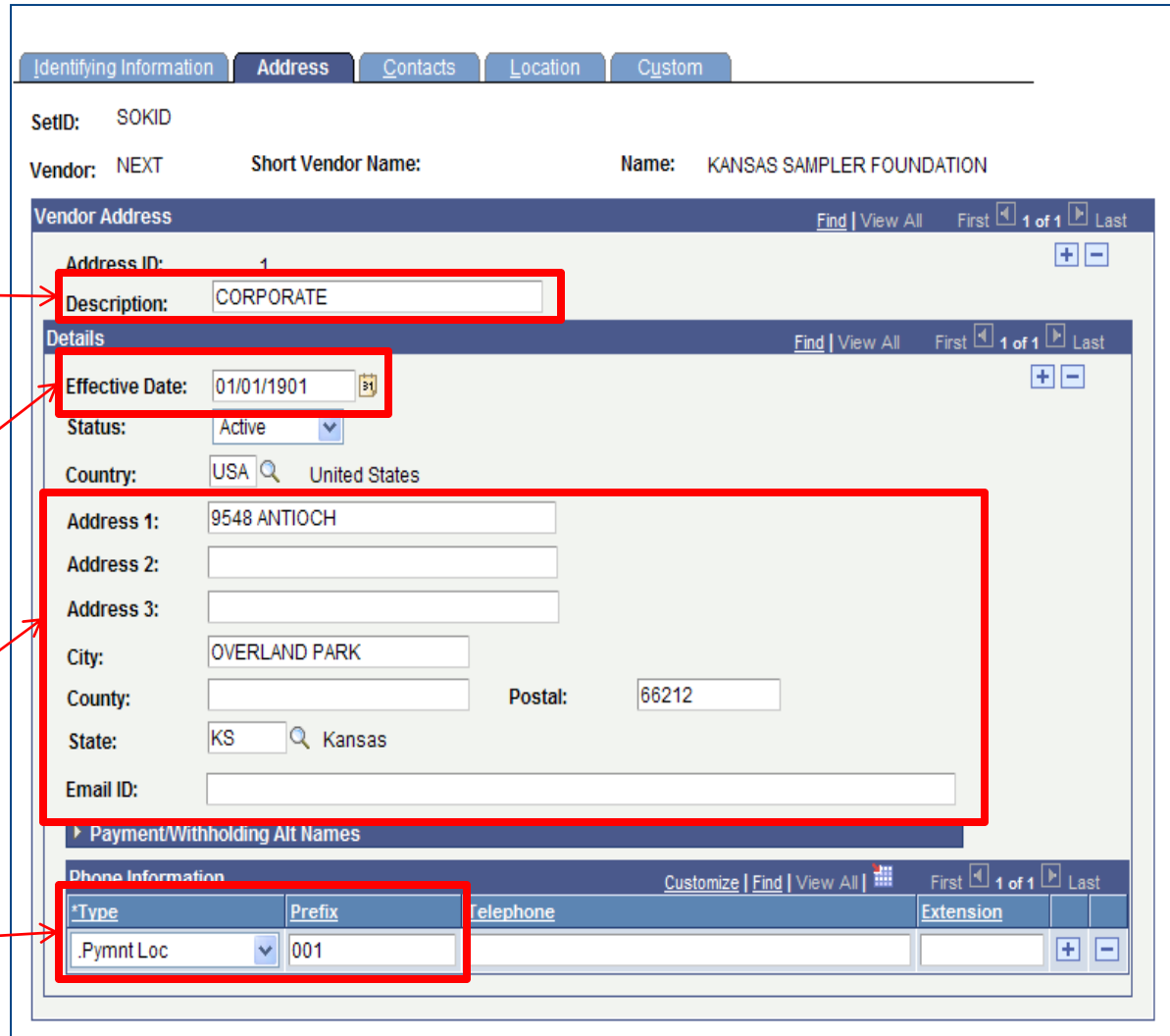
-Address Setup

Address Description should be what type of address it is (i.e. Corporate, Main, Topeka Branch, etc.).

All new vendors should have the Effective Date of 01/01/1901.

Enter the address in **ALL CAPS** from the W-9 form.

*Type should be **.PymntLoc** and Prefix should be **001** for the first location.



The screenshot shows the 'Vendor Processing Overview' form in the SMART system. The 'Address' tab is selected. The form displays the following information:

- Identifying Information:** SetID: SOKID, Vendor: NEXT, Short Vendor Name: , Name: KANSAS SAMPLER FOUNDATION
- Vendor Address:** Address ID: 1, Description: CORPORATE
- Details:** Effective Date: 01/01/1901, Status: Active, Country: USA (United States)
- Address Fields:** Address 1: 9548 ANTIOCH, Address 2: , Address 3: , City: OVERLAND PARK, County: , Postal: 66212, State: KS (Kansas), Email ID:
- Payment/Withholding Alt Names:**
- Phone Information:** *Type: .Pymnt Loc, Prefix: 001, Telephone: , Extension:

Red boxes and arrows highlight the following fields and instructions:

- Description:** CORPORATE (Annotated: Address Description should be what type of address it is (i.e. Corporate, Main, Topeka Branch, etc.).)
- Effective Date:** 01/01/1901 (Annotated: All new vendors should have the Effective Date of 01/01/1901.)
- Address Fields:** Address 1: 9548 ANTIOCH, Address 2: , Address 3: , City: OVERLAND PARK, County: , Postal: 66212, State: KS (Annotated: Enter the address in **ALL CAPS** from the W-9 form.)
- Phone Information:** *Type: .Pymnt Loc, Prefix: 001 (Annotated: *Type should be **.PymntLoc** and Prefix should be **001** for the first location.)

Vendor Processing Overview

-Location Setup

Location will be 001

Description will be how the vendor wants to be paid (i.e **SYSTEM CHECK** or ACH ***1234 (last 4 digits of the bank account)).

Again, Effective Date for new Locations should be **01/01/1901**.

As this vendor was marked as "withholding" on the Identifying Information Tab page, you will need to set up the 1099 information in the **1099** link.

Identifying Information
Address
Contacts
Location
Custom

SetID: SOKID
Vendor: NEXT Short Vendor Name: Name: KANSAS SAMPLER FOUNDATION

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location
Find | View All First 1 of 1 Last

*Location: 001 ☒ Default

Description: SYSTEM CHECK [RTV Fees](#)

Details
Find | View All First 1 of 1 Last

*Effective Date: 01/01/1901

Status: Active

Options: [Payables](#) [Procurement](#) [Sales/Use Tax](#) **1099** [Expand All](#) [Collapse All](#)

Additional ID Numbers
Comments
Internet Address
VAT

[Expand All](#) [Collapse All](#)

Vendor Processing Overview

-1099 Setup

- Both Sections need to be filled out

1. Entity – Should be **IRS**
2. Type – type of 1099 (i.e. **1099**, **1099D**, **1099 G**, **1099I**, **1099S**)
3. Jurisdiction - Should be **FED**
4. Default Jurisdiction – This box should be **checked**
5. Default Class – Select the type of Class from the **Magnifying Glass** drop down.

1. Entity – Should be **IRS**
2. Address – This will be the address number that is the main address for all 1099's to be sent.
3. TIN Type – Will be **F** for **Federal Employer ID Number** or **S** for **Social Security Number**.
4. Taxpayer ID Number: This is the **TIN #** or **Social Security #** found on the **W-9 form**. You should not use any dashes or spaces.

Withholding Vendor Information

SetID: SOKID Location: 001

Vendor ID: NEXT Description:

Short Vendor Name:

Name 1:

1099 Options

1099 Information

Customize | Find | View All | First 1 of 1

*Entity	*Type	*Jurisdiction	Default Jurisdiction	*Default Class	*1099 Status
IRS	1099	FED	<input checked="" type="checkbox"/>	07	RPT

Reporting Only

1099 Reporting Information

Customize | Find | View All | First 1 of 1 | Last

*Entity	*Address	TIN Type	Taxpayer Identification Number	Gender	Date of Birth	Birth Location	Number of children	Company
IRS	1	F	565657022					

OK Cancel

Look Up Default Class

Withholding Type: 1099

Withholding Class: begins with

Look Up Clear Cancel Basic Lookup

Search Results

View All First 1-13 of 13 Last

Withholding Class	Description
01	Rents
02	Royalties
03	Prizes, Awards, etc.
04	Federal Income Tax Withheld
05	Fishing Boat Proceeds
06	Medical and Health Care Pymnts
07	Non-Employee Compensation
08	Substitute Payments
10	Crop Insurance Proceeds
13	Excess Golden Parachute Pymnts
14	Gross Attorney Proceeds
15A	Section 409A deferrals
15B	Section 409A income

Vendor Processing Overview

-Procurement Setup

- If the vendor accepts P-Cards

Select the Procurement Link

Identifying Information
Address
Contacts
Location
Custom

SetID: SOKID

Vendor: NEXT Short Vendor Name: Name: KANSAS SAMPLER FOUNDATION

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location
Find | View All First 1 of 1 Last

*Location: 001 ☒ Default

Description: SYSTEM CHECK [RTV Fees](#)

Details
Find | View All First 1 of 1 Last

*Effective Date: 01/01/1901

Status: Active

Options: [Payable](#) [Procurement](#) [Sales/Use Tax](#) [1099](#)

▸ Additional ID Numbers

▸ Comments


▸ Internet Address

▸ VAT

Vendor Processing Overview

1. Select Procurement Card Information
2. **Check** the box for Accepts Procurement Card as payment method
3. Choose **Contact Cardholder** for the Proc Card Dispatch Option
4. Put in Card Type - **Visa**

Returning

*Vendor: 0000056305  KANSAS SAMPLER FOUNDATION

*Address: 1 [Search](#) 00 STARS Vendor Suffix Number
978 ARAPAHO RD
INMAN, KS 67546-8001

Location: 001 System Check

Ship From

Vendor: 0000056305 KANSAS SAMPLER FOUNDATION

Address: 1 [Search](#) 00 STARS Vendor Suffix Number
978 ARAPAHO RD
INMAN, KS 67546-8001

Location: 001 System Check

Additional Procurement Options


Dispatch Methods

POA Settings




RTV Options

Procurement Card Information

☒ Accepts Procurement Card as payment method

*ProCard Dispatch Option: Contact Cardholder 

Types of Procurement Card Accepted

	Card Type		
1	Visa 		

Vendor Processing Overview

-How to add a second address and location to an existing vendor

- Menu Path

- Vendors>Vendor Information>Add/Update>Vendor>Find an Existing Value

Vendor Processing Overview

- Find an Existing Vendor
 - Search by Vendor ID
 - Search by Name 1

Vendor Information
Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value **Add a New Value**

SetID: =

Vendor ID: begins with

Persistence: =

Short Vendor Name: begins with

Our Customer Number: begins with

Name 1: begins with

☐ Include History ☐ Correct History ☐ Case Sensitive

Search **Clear** [Basic Search](#) [Save Search Criteria](#)

Vendor Processing Overview

Select the **Address Tab** from the Summary Tab Page

Summary	Identifying Information	Address	Contacts	Location	Custom
<p>SetID: 80KID</p> <p>Vendor ID: 0000056305</p> <p>Vendor Short Name: KANSAS EMP KANSASEMP-001</p> <p>Vendor Name: KANSAS SAMPLER FOUNDATION</p>					
<p>Order: KANSASEMP-001</p> <p>978 ARAPAHO RD</p> <p>INMAN, KS 67546-8001</p>					
<p>Remit To: KANSASEMP-001</p> <p>978 ARAPAHO RD</p> <p>INMAN, KS 67546-8001</p>					
<p>Status: Approved</p> <p>Persistence: Regular</p> <p>Classification: Supplier</p> <p>HCM Class:</p> <p>Open for Ordering: Yes</p> <p>Withholding: Yes</p> <p>VAT: No</p>					
<p>Last Modified By: FIRSTLOGIC</p> <p>Last modified date: 11/08/2010 12:00AM</p> <p>Created By: CNV</p> <p>Created Date/time: 06/07/2010 12:00AM</p> <p>Last Activity Date: 09/09/2010</p>					
<p> Save Return to Search Notify Add Update/Display Include History </p>					
<p> Summary Identifying Information Address Contacts Location Custom </p>					

Vendor Processing Overview

1. Address ID: 1 is brought up on the Address Tab
2. Click on the + box to add Address ID: 2

Identifying Information
Address
Contacts
Location
Custom

SetID: SOKID

Vendor: NEXT Short Vendor Name: Name: KANSAS SAMPLER FOUNDATION

Vendor Address
Find | View All First 1 of 1 Last

Address ID: 1

Description: CORPORATE

Details
Find | View All First 1 of 1 Last

Effective Date: 01/01/1901

Status: Active

Country: USA United States

Address 1: 9548 ANTIOCH

Address 2:

Address 3:

City: OVERLAND PARK

County:

Postal: 66212

State: KS Kansas

Email ID:

Payment/Withholding Alt Names

Phone Information
Customize | Find | View All First 1 of 1 Last

Type	Prefix	Telephone	Extension
Pymnt Loc	001		

Vendor Processing Overview

Address ID: 2 added as Description: Topeka

Effective Date should be 01/01/1901

Add second address in **ALL CAPS**

*Type should be **.PymntLoc** and Prefix should be **002** if the second address will have a different location than Location 001 (i.e. an ACH ****1234 instead of SYSTEM CHECK).

Select the Location Tab

Identifying Information
Address
Contacts
Location
Custom

SetID: SOKID
Vendor: NEXT Short Vendor Name: Name: KANSAS SAMPLER FOUNDATION

Vendor Address Find | View All First 2 of 2 Last
Address ID: 2
Description: TOPEKA

Details Find | View All First 1 of 1 Last
Effective Date: 01/01/1901
Status: Active
Country: USA United States
Address 1: 5918 SW 21ST ST
Address 2:
Address 3:
City: TOPEKA
County:
Postal: 66604
State: KS Kansas
Email ID:

Payment/Withholding Alt Names

Phone Information Customize | Find | View All First 1 of 1 Last

Type	Prefix	Telephone	Extension
.Pymnt Loc	002		

Vendor Processing Overview

Identifying Information Address Contacts **Location** Custom

SetID: SOKID

Vendor: NEXT

Short Vendor Name:

Name: KANSAS SAMPLER FOUNDATION

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location Tab brings up Location 001 – SYSTEM CHECK

To add a Location 002 – ACH ****1234, click the + button

Location

Find | View All First 1 of 1 Last

*Location: 001

Description: SYSTEM CHECK

RTY Fees

☒ Default

+

-

Details

Find | View All First 1 of 1 Last

*Effective Date: 01/01/1901

Status: Active

Options: Payables Procurement Sales/Use Tax 1099

Expand All

Collapse All

Additional ID Numbers

Comments

Internet Address

VAT

Expand All

Collapse All

Vendor Processing Overview

Summary

Identifying Information

Address

Contacts

Location

Custon

SetID: SOKID

Vendor: 0000056305 Short Vendor Name: KANSASEMP-001 Name: KANSAS SAMPLER FOUNDATION

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location

Find | View All First 2 of 2 Last

*Location: 002

☐ Default

Description: ACH ****0035

[RTV Fees](#)

Details

Find | View All First 1 of 1 Last

*Effective Date: 11/19/2010

Status: Active

Options: [Payables](#) [Procurement](#) [Sales/Use Tax](#) 1099

[Expand All](#) [Collapse All](#)

▶ Additional ID Numbers

▶ Comments

▶ Internet Address

▶ VAT

[Expand All](#)

[Collapse All](#)

Add Location: 002

For the vendor to get payment by direct deposit, Description needs to be set up as ACH ****1234 (last 4 digits of the bank account number).

To add bank information, you will need to select the **Payables** link.



State of Kansas Department of Administration Division of Accounts and Reports DA-130 Revised 05-04-04	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Print Form</div>	Agency Number Agency Contact Agcy. Contact Phone
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Reset Form

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

1. Enter the following vendor information

Vendor Number (FEIN, SSN or TIN)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Sfx (State use only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Vendor Name	<div style="border: 1px solid black; width: 100%; height: 30px;"></div>		
Street	<div style="border: 1px solid black; width: 100%; height: 30px;"></div>		
City	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	State	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Telephone #	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Contact	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

2. Complete all fields in Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account.

3. Complete only Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One: ☐ New Enrollment ☐ Financial Institution or Account Change

Bank Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Branch (if applicable)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
City	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	State	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Transit/ABA No.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Account No.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Account Type(select one): <input type="radio"/> Checking Account (Individuals must attach a voided check) <input type="radio"/> Savings Account			

I, the undersigned, authorize the state of Kansas to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the state of Kansas receives written notice of cancellation from me. I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature _____	Date
Name (Printed) 	Job Title

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the state of Kansas to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the state of Kansas has reasonable opportunity to act upon it. I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature _____	Date
Name (Printed) 	Job Title

Vendor Processing Overview

Short Vendor Name: KS SAMP

Name 1: Expand All Collapse All

Invoicing

Vendor: NEXT KS SAMP

Address: [Search](#)

Location: 002

Remitting

*Vendor [Search](#)

*Address: [Search](#)

*Location: [Search](#)

▶ **Additional Payables Options**

▶ Matching/Approval Options

▶ Electronic File Options

▶ Self-Billed Invoice Options

▶ Vendor Bank Account Options

▶ Vendor Type Options

▶ HIPAA Information

▶ Debit Memo Options

Expand All Collapse All

In the Payables link, you will need to set up the Additional Payables Options.

Vendor Processing Overview

In the **Additional Payables Option** screen, under the **Additional Payment Information** section, you will need to set up the **Payment Method** as **Specify** and **Automated Clearing House**.

INMAN, KS 67546-8001

*Location:

Additional Payables Options

Payment Control

Pay Group:

*Delay Days:
Default Discount: Net:

☐ Hold Payment ☐ Complex Routing
☐ Always take discount ☐ Separate Payment
☐ Factoring ☐ Apply Netting

Bank

*Bank Options:

Bank:

Account:

Currency:

Rate Type:

Draft Processing Control

*Draft Sight:
Default

*Draft Rounding:

Rounding Position:

*Remaining Amount Action:

*Payment Method: Check

*Draft Optimize:

Max Number of Drafts:

Additional Payment Information

*Payment Method:

*Layout Option:

Layout:

*Handling Options:

Handling:

Reschedule ID:

Holiday Processing Options

*Holiday Processing:

Holiday Options:

Days: ☐ Allow due date in next month

Document Sequencing Type

*Doc Type:

Matching/Approval Options



Vendor Processing Overview

Short Vendor Name: KS SAMP

Name 1:

Expand All

Collapse All


Invoicing

Vendor: NEXT KS SAMP


Address: [Search](#)

Location: 002

Remitting

*Vendor 

*Address: [Search](#)

*Location: 

To set up the bank information provided on the DA-130, select **Vendor Bank Account Options**.

▸ Additional Payables Options

▸ Matching/Approval Options

▸ Electronic File Options

▸ Self-Billed Invoice Options

▸ **Vendor Bank Account Options**

▸ Vendor Type Options

▸ HIPAA Information

▸ Debit Memo Options

Expand All

Collapse All

Vendor Processing Overview

Enter **Bank Name** as it appears on the DA-130.

Select **Bank ID Qualifier** as 001; this is the only option to choose

From the DA-130, enter the **Bank ID** which is the **bank routing number** and the **Bank Account Number** as how it appears on the voided check.

Select the **DFI Qualifier**: 01

Matching/Approval Options
 Electronic File Options
 Self-Billed Invoice Options
 Vendor Bank Account Options

Vendor Bank Accounts Find | View All First 1 of 1 Last

☒ Default Descr:
 Country: USA United States Search
 Bank Name: Bank of Commerce
 Branch Name:
 Bank ID Qualifier: 001 UMB Bank
 Bank Identifier Code:
 Bank ID: 101108377
 Bank Account Number: 001234567
 DFI Qualifier: 01 Transit Number DFI ID:
 IBAN:

Account Type:

- Bond
- Bus Acct
- Charges
- Check Acct
- Current
- Dem Dep
- Lf Ins-Net
- Life Ins
- Mutual
- Ret Acct
- Ret It-DDA
- Ret It-Sav
- S&B Acct
- Savings
- Settlement
- Stock
- Time Dep
- Trust Fund

Vendor Type Options
 HIPAA Information
 Debit Memo Options

Expand All Collapse All

OK Cancel

Select the Account type from what is marked on the DA-130.

Vendor Processing Overview

Summary

Identifying Information

Address

Contacts

Location

Custom

SetID: SOKID

Vendor: 0000056305 Short Vendor Name: KANSASEMP-001 Name: KANSAS SAMPLER FOUNDATION

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location

Find | View All

First 2 of 2 Last

*Location:

002

☐ Default

Description:

ACH ****0035

[RTV Fees](#)

Details

Find | View All

First 1 of 1 Last

*Effective Date:

11/19/2010

Status:

Active

Options:

[Payables](#)
[Procurement](#)
[Sales/Use Tax](#)

1099

Expand All

Collapse All

Additional ID Numbers

Comments

Internet Address

VAT

Expand All

Collapse All

You will need to set up the 1099 information for Location 002. Select the 1099 link.

Vendor Processing Overview

-1099 Setup

- Both Sections need to be filled out

1. Entity – Should be **IRS**
2. Type – type of 1099 (i.e. **1099**, **1099D**, **1099 G**, **1099I**, **1099S**)
3. Jurisdiction - Should be **FED**
4. Default Jurisdiction – This box should be **checked**
5. Default Class – Select the type of Class from the **Magnifying Glass** drop down.

1. Entity – Should be **IRS**
2. Address – This will be the address number that is the main address for all 1099's to be sent,.
3. TIN Type – Will be **F** for **Federal Employer ID Number** or **S** for **Social Security Number**.
4. Taxpayer ID Number: This is the **TIN #** or **Social Security #** found on the **W-9 form**. You should not use any dashes or spaces.

Withholding Vendor Information

SetID: SOKID Location: 001

Vendor ID: NEXT Description:

Short Vendor Name:

Name 1:

1099 Options

1099 Information Customize | Find | View All | First 1 of 1

*Entity	*Type	*Jurisdiction	Default Jurisdiction	*Default Class	*1099 Status
IRS	1099	FED	<input checked="" type="checkbox"/>	07	RPT Reporting Only

1099 Reporting Information

Main Information | Additional Information | First 1 of 1 | Last

*Entity	*Address	TIN Type	Taxpayer Identification Number	Gender	Date of Birth	Birth Location	Number of children	Company
IRS	1	F	565657022					

OK Cancel

Look Up Default Class

Withholding Type: 1099

Withholding Class: begins with

Look Up Clear Cancel Basic Lookup

Search Results

View All First 1-13 of 13 Last

Withholding Class	Description
01	Rents
02	Royalties
03	Prizes, Awards, etc.
04	Federal Income Tax Withheld
05	Fishing Boat Proceeds
06	Medical and Health Care Pymnts
07	Non-Employee Compensation
08	Substitute Payments
10	Crop Insurance Proceeds
13	Excess Golden Parachute Pymnts
14	Gross Attorney Proceeds
15A	Section 409A deferrals
15B	Section 409A income



Vendor Processing Overview

- How to enter a non-withholding vendor
 - Menu Path
 - Vendors>Vendor Information>Add/Update>Vendor>Add a New Value

Vendor Processing Overview

1. Acquire a completed W-9 form from the vendor.
2. Part 1 should show what type of vendor they are and have the required tax number.
3. Part 2 deals with whether a vendor is a 1099 reportable vendor or not. If the box is **checked**, you will need to set the vendor up as **non-withholding**.
4. Part 3 needs to be **completely** filled out.
5. This form can be found at <http://da.ks.gov/ar/forms/w9KSf.pdf>.

Form W-9	Request for Taxpayer Identification Number	Do not send to the IRS, send to the requester
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Part 1 Tax Status (Complete one row of boxes)

Individual:

Individual Name	Social Security Number
-----------------	------------------------

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the owner.

Sole Proprietor:

Business Owner's Name	Owner's SSN or Employer ID No.	Business or Trade Name
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Partnership:

Name of Partnership	Partnership's EIN	Partnership name on IRS records
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Corporation:

Name of Corporation or Entity	Employer Identification Number
-------------------------------	--------------------------------

Part 2 Exemption: If exempt from Form 1099 reporting, check here: ☐ and mark your qualifying exemption reason below

1.	Corporation, (there is no exemption for medical or legal corporations)
2.	Tax Exempt Charity under 501(c)(3), or IRA (includes 501(c)(3)).
3.	The United States or any of its agencies or instrumentalities.
4.	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions.
5.	A foreign government or any of its political subdivisions.

Part 3 Signature: I am a U.S. person (including a U.S. resident alien)

Person completing this form: _____ Date: _____

Signature: _____ Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Please complete the above information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person, (including U.S. resident alien). If you are a foreign person, use Form W-8.

Vendor Processing Overview

-Identifying Information Set up

Add Vendor Short Name and Vendor Name 1 in **ALL CAPS**

Status should show **unapproved**

Withholding box should not be **checked**

Identifying Information

Address

Contacts

Location

Custom

SetID: SOKID

Check for Duplicate

Vendor ID: NEXT

*Vendor Short Name: ENVIRONMEN

*Vendor Name 1: ENVIRONMENTAL SIMULATIONS INC

Vendor Name 2:

*Status: Unapproved

*Classification: Supplier

*Persistence: Regular

HCM Class:

VAT Registration

Registration

VAT Default

VAT S

t Setup

Withholding

Open For Ordering

Expand All

Collapse All

Vendor Relationships

Corporate Vendor

Corporate SetID: SOKID

Corporate Vendor ID: NEXT

InterUnit Vendor

InterUnit Vendor ID:

Create Bill-To Customer

Create Bill To Customer

Additional ID Numbers

Duplicate Invoice Settings

Government Classifications

Standard Industry Codes

Additional Reporting Elements

Choose classification;
most SOK vendors are
Suppliers

Vendor Processing Overview

-Address Setup

Address Description should be what type of address it is (i.e. Corporate, Main, Topeka Branch, etc.).

All new vendors should have the Effective Date of 01/01/1901.

Enter the address in **ALL CAPS** from the W-9 form.

*Type should be **.PymntLoc** and Prefix should be **001** for the first location.

Summary

Identifying Information

Address

Contacts

Location

Custom

SetID: SOKID
Vendor: 0000150389 Short Vendor Name: ENVIRONMEN-018 Name: ENVIRONMENTAL SIMULATIONS INC

Vendor Address

Find | View All First 1 of 1 Last

Address ID: 1
Description: MAIN

Details

Find | View All First 1 of 1 Last

Effective Date: 01/01/1901
Status: Active
Country: USA United States
Address 1: PO BOX 156
Address 2:
Address 3:
City: REINHOLDS
County:
Postal: 17569-0156
State: PA Pennsylvania
Email ID:

Payment/Withholding Alt Names

Phone Information

Customize | Find | View All First 1 of 4 Last

*Type	Prefix	Telephone	Extension
.Pymnt Loc	001		

Vendor Processing Overview

-Location Setup

Location will be 001

Description will be how the vendor wants to be paid (i.e. **SYSTEM CHECK** or **ACH ***1234** (last 4 digits of the bank account)).

Again, Effective Date for new Locations should be **01/01/1901**.

Even though this vendor wasn't marked as "withholding" on the Identifying Information Tab page, you will need to set up the 1099 Reporting information in the **1099** link.

NEW

Identifying Information

Address

Contacts

Location

Custom

SetID: SOKID

Vendor: NEXT Short Vendor Name: Name: ENVIRONMENTAL SIMULATIONS INC

A vendor location is a default set of rules which define how you conduct business with a vendor.

Location

Find | View All First 1 of 1 Last

*Location: 001

☒ Default

Description: SYSTEM CHECK

[RTV Fees](#)

Details

Find | View All First 1 of 1 Last

*Effective Date: 01/01/1901

Status: Active

Options: [Payables](#) [Procurement](#) [Sales/Use Tax](#) **1099**

Expand All

Collapse All

▶ Additional ID Numbers

▶ Comments

▶ Internet Address

▶ VAT

Expand All

Collapse All

Save

Notify

Add

Update/Display

Include History

Correct

Vendor Processing Overview

-1099 Setup

- Only the 1099 Reporting Information Section needs set up for non-withholding vendors

1. Entity – Should be **IRS**
2. Address – This will be the address number that is the main address for all 1099's to be sent.
3. TIN Type – Will be **F** for **Federal Employer ID Number** or **S** for **Social Security Number**.
4. Taxpayer ID Number: This is the **TIN #** or **Social Security #** found on the **W-9 form**. You should not use any dashes or spaces.

Withholding Vendor Information

SetID: SOKID Location: 001
 Vendor ID: NEXT Description:
 Short Vendor Name:
 Name 1:

1099 Options

1099 Information

Customize | Find | View All | First 1 of 1 Last

Main Information		Overrides		Remit			
*Entity	*Type	*Jurisdiction	Default Jurisdiction	*Default Class	*1099 Status		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input data-bbox="1822 885 1848 904" type="button" value="+"/>	<input data-bbox="1858 885 1883 904" type="button" value="-"/>

1099 Reporting Information

Customize | Find | View All | First 1 of 1 Last

Main Information		Additional Information					
*Entity	*Address	TIN Type	Taxpayer Identification Number	Gender	Date of Birth	Birth Location	Number of children
IRS	1	F	541744573	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OK

Cancel